

General

Title

Planning, organization, and management: percentage of patients with unscheduled readmissions less than 48 hours after discharge from the critical care department.

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Measure Domain

Primary Measure Domain

Related Health Care Delivery Measures: Use of Services

Secondary Measure Domain

Clinical Quality Measure: Outcome

Brief Abstract

Description

This measure is used to assess the percentage of patients with unscheduled readmissions less than 48 hours after discharge from the critical care department.

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to

distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

A high rate of readmission could reflect premature discharges, incorrect use of ward care, or a poor response to treatment despite appropriate care. Low rates could reflect excessively long intensive care units (ICU) stays (inappropriate discharge criteria). Readmission is generally associated with increased hospital stays, increased consumption of resources, and greater morbidity and mortality.

The readmission rate reported in the different studies published ranges from 4% to 14% (mean 7%).

Evidence for Rationale

Campbell AJ, Cook JA, Adey G, Cuthbertson BH. Predicting death and readmission after intensive care discharge. *Br J Anaesth*. 2008 May;100(5):656-62. [PubMed](#)

Elliott M. Readmission to intensive care: a review of the literature. *Aust Crit Care*. 2006 Aug;19(3):96-8, 100-4. [PubMed](#)

Frost SA, Alexandrou E, Bogdanovski T, Salamonson Y, Davidson PM, Parr MJ, Hillman KM. Severity of illness and risk of readmission to intensive care: a meta-analysis. *Resuscitation*. 2009 May;80(5):505-10. [PubMed](#)

Frost SA, Tam V, Alexandrou E, Hunt L, Salamonson Y, Davidson PM, Parr MJ, Hillman KM. Readmission to intensive care: development of a nomogram for individualising risk. *Crit Care Resusc*. 2010 Jun;12(2):83-9. [PubMed](#)

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Primary Health Components

Planning; organization; management; unscheduled readmission

Denominator Description

Number of patients discharged from the critical care department (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients with unscheduled readmissions less than 48 hours (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of patients discharged from the critical care department

Population: All patients discharged from the critical care department during the period reviewed.

Exclusions

Death

Patients discharged with orders to limit life support

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with unscheduled readmissions less than 48 hours

Unscheduled readmission: Readmission due to unforeseen causes, whether or not related and regardless of where the patient spent the last 48 hours.

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Type of Health State

Proxy for Outcome

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Standard: 4%

Identifying Information

Original Title

Unscheduled readmission to the ICU.

Measure Collection Name

Quality Indicators in Critically Ill Patients

Measure Set Name

Planning, Organization, and Management

Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)

Boehringer Laboratories

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2011 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2016 Jul

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in July 2015.

Measure Availability

Source available in [English](#) and [Spanish](#) from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

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NQMC Status

This NQMC summary was completed by ECRI Institute on April 2, 2014. The information was verified by the measure developer on April 25, 2014.

The information was reaffirmed by the measure developer on July 2, 2015.

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Production

Source(s)

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